

Full Name:
Legal Status:
Guardian:
Relationship:

ISP Date:
ISP Start Date:
ISP End Date:

Personal Focus

What is most important to the individual ?

- Describe relationships in this person's life. Are there any relationships that should be developed or changed?
- Describe what this person enjoys and list his/her interests. Which of these interests are not happening as much as the person would like? Which of these interests, if any, need to be limited?
- Describe what this person dislikes. Which of these dislikes needs to be explored, changed or stopped?
- Describe what this person wants to accomplish in the future. What steps could be taken over the next ISP period to move toward these goals?
- List and describe what is most important to this person from his/her perspective. What is most important that is not happening or needs to be strengthened?

What is happening in this person's life?

- What do people like and admire? Could any of these qualities be strengthened?

- Describe how this person interacts socially with others. Does anything about this person's social interaction need to change or be enhanced?
- Describe any of this person's spiritual, religious, and/or cultural considerations. Are there any that need to change or be enhanced?
- Describe this person's living arrangements. Is there anything that needs to be changed or enhanced?
- Describe this person's employment/alternative service/school. Is there anything that needs to change or be enhanced?
- Describe how this person communicates and the supports he/she needs with communication. Are there any supports that could change or be enhanced that would improve this person's ability to communicate with others?

What is important for this person from the perspective of those who know and care about this person?

- Describe what is needed for this person to be healthy and safe. Does anything about these supports need to change or be enhanced?
- List health information (special diet, medication information, seizures, counseling/psychiatric, etc)
- Describe any supports this person needs to participate in activities that are important to this person. Does anything about these supports need to change or be enhanced?

What would enhance this person's life?

- What could improve this person's ability to be independent?
- How could this person be more involved in activities or events in his/her community?
- What would improve this person's ability to increase his/her income?

- What would improve this person's ability to contribute to his/her household and/or community?

- What does this person want to learn?

- What does this person need to learn?

**Are there any conflicts between important to/
important for?**

Important To:

Important For:

- Describe any conflicts between important to and for.

Any additional comments:

Who contributed to the personal focus worksheet?

Required Items

(please include team discussion of appropriateness)

Are Personal Finances managed by the CSP?

Has the team discussed Medication benefits vs. risk?

Has ANE Participant/Guardian Training occurred annually?

Has Grievance Training/Procedures occurred annually?

Has the participant/guardian received training regarding their rights?

Has Medication Self Administration been discussed with the team?

Has the team discussed the amount of time the participant has alone?

Has the participant/guardian been provided with the Service Choice Notice?

Has the participant/guardian been provided with the Provider Choice Notice?

Does the participant receive Alternative Services?

Was the participant involved in ISP facilitation?

Were team members involved in ISP development?

Has the participant expressed an interest in obtaining advocacy?

What is the current guardianship status? Do any changes need to be made to guardianship?

Has the team reviewed assessments?

What is most important to this person?

Risks

Individual is at risk of, or has risks related to, the following:

Risk Type	Support Documents	Where Kept
------------------	--------------------------	-------------------

Professional Services Individual Uses/Needs

Name	Type of Specialist	Contact Information	Specific Reason	How Often	Where to record	Notes:
-------------	---------------------------	----------------------------	------------------------	------------------	------------------------	---------------

Service Support

Name	Service	Contact Information	Typical Schedule	Notes (who is responsible, etc)
-------------	----------------	----------------------------	-------------------------	--

Action Planning

Desired Outcome

Need/Issue

Measurable steps that will be taken to reach desired outcome

Description of measurable step	Who is Responsible	How Often/ Due Date	Where to Record	Notes
---	-------------------------------	--------------------------------	----------------------------	--------------

Action Planning

Desired Outcome

Need/Issue

Measurable steps that will be taken to reach desired outcome

Description of measurable step	Who is Responsible	How Often/ Due Date	Where to Record	Notes
---	-------------------------------	--------------------------------	----------------------------	--------------

Action Planning

Desired Outcome

Need/Issue

Measurable steps that will be taken to reach desired outcome

Description of measurable step	Who is Responsible	How Often/ Due Date	Where to Record	Notes
---	-------------------------------	--------------------------------	----------------------------	--------------

Action Planning

Desired Outcome

Need/Issue

Measurable steps that will be taken to reach desired outcome

Description of measurable step	Who is Responsible	How Often/ Due Date	Where to Record	Notes
---	-------------------------------	--------------------------------	----------------------------	--------------

Discussion Records

Need/Issue

Discussion

Decision

Related to Action Plan

Notes